

Maine Integrated Health Management Solution

User Guide for Provider Maintenance

Version 1.0 Final

UNISYS

Maine Integrated Health Management Solution
Provider Maintenance User Guide

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1. Introduction

In order to perform Provider Maintenance you must have already submitted an enrollment or re-enrollment application and have been *approved* as a MaineCare provider. You will also need to have registered as a trading partner. For details on how to register as a Trading Partner, please refer to the Trading Partner [Registration](#) Guide under ‘Documents’ on the portal.

Providers, with appropriate security, will be able to view their provider data and submit and/or update their provider file. Some simple changes, such as telephone number, can take place with minimal enrollment staff intervention. Other changes, such as adding a new service location, will be submitted online by the provider and validated by designated Provider Services staff.

The Provider Maintenance feature pulls your information entered during enrollment and allows you to edit your provider information. For detailed instructions on completing individual screens within the application refer to the appropriate [Enrollment User Guide](#) on the portal.

2. About the User Interface

2.1 *Change the Text Size*

Every screen of the provider maintenance application allows you to customize the size of the displayed text.



Figure 2-1: Text Size buttons in title bar

Initially, the text is shown in its smallest available size and only the Increase Text Size button appears in the title bar. If you click the Increase Text Size button, the text size increases and the Decrease Text Size button appears.

Adjust the text size to suit your needs. Your selection persists until you change it again.

2.2 *Use the Navigation Features*

Every screen of the maintenance application has a set of standard navigation features, including:

- **The left menu.** Shown on the left side of each page, the left menu provides a list of all the original enrollment steps, so you always know where you are in the process. Note that the menu items are clickable.
- **The standard buttons.** Located below the fields on each screen are a set of buttons that enable you to perform certain actions. The available actions depend on the purpose of the screen. However, most screens include the Next, Previous, and Save and Close buttons, which allow you to navigate to the next screen, go back to the previous screen, or save your maintenance update in its incomplete state, respectively.

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Maine Provider Enrollment

Pay-To Provider(s)
NPI 1245414002
Address Info
Ownership/Bc
Owner Rel
Owner Bus
Legal Info
Service Locati
Rendering Pr
Additional Te
Documentatio
Signature and
Summary

Owner Business Questions (Enumerated As: Individual)

Pay-To Provider ID: NPI - 1245414002 Enrollment Case #: 911500005 Status: NEW

Business Questions

1. Are there any directors, officers, agents or managing employees of the institution, agency or organization who have ever been convicted of a criminal offense related to their involvement in such programs established by titles XVIII, XIX or XX? * Yes No
2. Are there any individuals currently employed by the institution, agency or organization in a managerial, accounting, auditing, or similar capacity who were employed by the institution's, organization's, or agency's fiscal intermediary or carrier within the previous 12 months? (Title XVIII providers only) * Yes No
3. Has there been a change in ownership or control within the last year? * Yes No
4. Do you anticipate any change of ownership or control within the year? * Yes No
5. Do you anticipate filing for bankruptcy within the year? * Yes No
6. Is this facility operated by a management company, or leased in whole or part by another organization? * Yes No
7. Has there been a change in Administrator, Director of Nursing, or Medical Director within the last year? * Yes No
8. Is this facility chain affiliated?
Was the facility ever affiliated with a chain? * Yes No
9. Have you increased your bed capacity by 10 percent or more or by 10 beds, whichever is greater, within the last 2 years? * Yes No

Next Previous Save and Close

Figure 2-2: Navigation features

*Notice that there are header fields, which will appear on every maintenance screen.

Maine Provider Enrollment

Pay-To Provider(s)
NPI 1245414002
Address Info

Business Information (Check/Uncheck) Enumerated As: Type 2 - Organization operating as a Group or Facility / Agency

Pay-To Provider ID: NPI - 1245414002 Enrollment Case #: 911500005 Status: NEW

Figure 2-3: Header fields

The header fields appear in the figure above:

- The top line shows the screen name, pay-to Provider name and an indicator of how the provider enumerated their NPI.
- The second line shows the Pay-To provider ID and the enrollment case number and Status.

Additional information, such as service location name or rendering provider name, can appear in the header fields, depending on the screen you are viewing. The header field content is appropriate to the context of the screen.

3. Logon

Users will be required to enter their username and password that they set up during their Trading Partner registration.



Figure 3-1: Log On

NOTE: A link to the password reset page will be provided for users who have forgotten their password, see Section 3.1 Manual Password Reset for more information.

3.1 Manual Password Reset

Users may reset their password by one of two methods:

- If the current password is known, the user will enter their current username and password. Once authenticated, the user is prompted to select another password.
- If the current password is unknown, the user must enter their user ID and answer the password reset question supplied during initial registration.

Users who are unable to successfully reset their password will be directed to the EDI Helpdesk for assistance.

3.2 Mandatory Password Reset

Users will be required to change their password every 60 days. Users will be prompted during logon to change their password if the current password is greater than 60 days old.

3.3 Logoff

Users may logoff the portal by selecting the Logoff button at any time from the navigation menu. CLOSING THE BROWSER, RATHER THAN USING THE LOGOFF BUTTON IS LIKELY TO CAUSE THE RECORD TO BECOME LOCKED AND WILL REQUIRE THAT YOU CONTACT mainecaresupport@unisys.com for TECHNICAL SUPPORT.

3.4 Automatic Logoff

Users will be automatically logged off and their session closed after 30 minutes of inactivity.

3.5 Unsuccessful Logon Attempt, Account Lockout

After five (5) unsuccessful logon attempts, the user will be locked out from the Provider Maintenance application, and must contact the EDI helpdesk at mainecaresupport@unisys.com to have the account re-activated.

4. Save and Close Feature

During Provider Maintenance, if you must close the application for any reason, click the “Save and Close” button on the lower right side of the screen. This feature will save the information entered for a period of 30 days. To resume your Provider Maintenance, you will need to access it via the ‘Resume Enrollment’ link from the left menu – Provider Enrollment – on the home page. If you use the Provider Maintenance link again, you will receive the following error message: “The provider already has maintenance in progress. You must click ‘Resume Enrollment’ to access this application”.

To resume Provider Maintenance, you will need the following information:

- The email address as specified in the original enrollment
- Tax ID number
- Pay-To Provider NPI
- New enrollment case number (will be assigned during any Provider Maintenance - Full and Provider Demographic functions and sent in an email to the Contact Email Address. It is recommended that you make a note of it when it appears on the screen).

5. Provider Maintenance

Once you are logged into your account, you will see options on the left side of the Secure page. Be sure you are on the Secure Page by clicking the ‘Secure’ tab at top of screen.

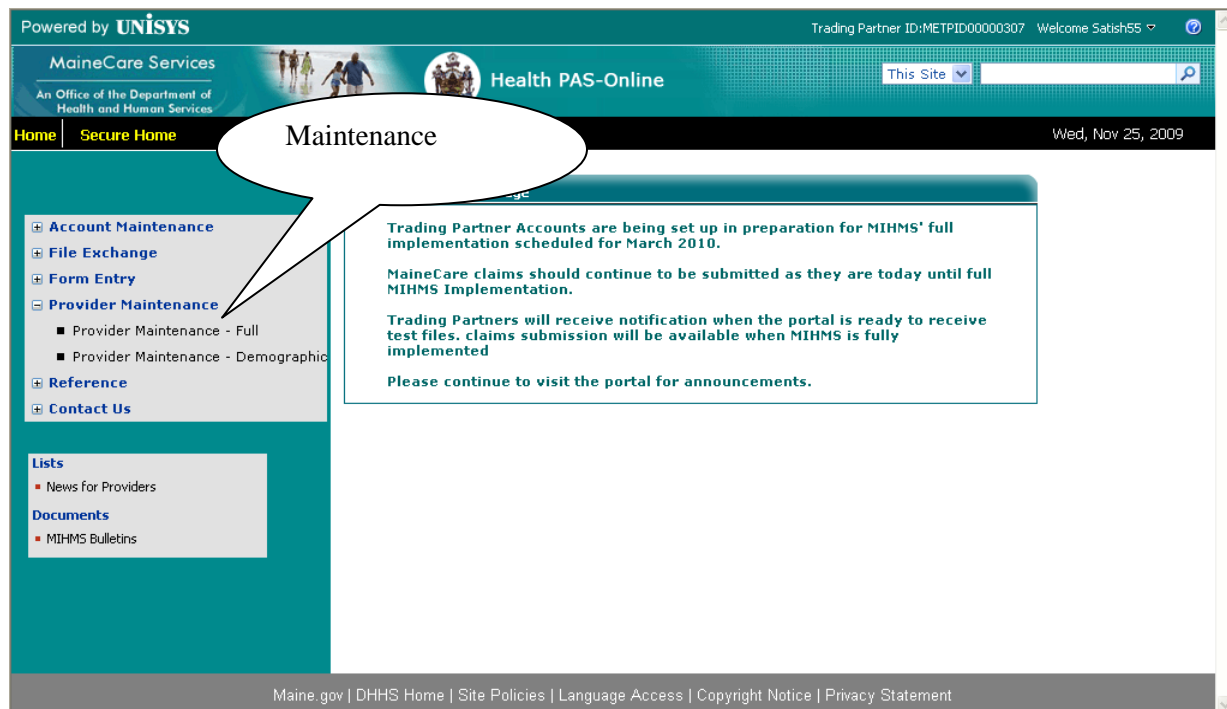


Figure 5-1: Provider Menu Options

You may choose from ‘Provider Maintenance – Demographic’, reference Section 5.1 or ‘Provider Maintenance – Full’, reference Section 5.2.

The following fields will be locked and cannot be edited:

- Provider or Business Name
- Authorized Registrant First Name
- Authorized Registrant Last Name
- Provider ID
- Tax ID

The data is displayed but ‘grayed-out’. If the information in a locked field changes, you will be required to contact Provider Services.

5.1 *Provider Maintenance – Demographic*

Provider demographic data can be self-maintained through the Provider Portal. These are the items that may be updated in Provider Maintenance – Demographic:

- Contact name
- Telephone number
- Email address
- Service location address
- Office hours
- Patient restrictions
- Languages spoken
- Rendering provider address
- Rendering provider phone number
- Rendering provider email address
- Whether a service location or rendering provider is accepting new patients or not.

5.1.1 Step 1 – Select Provider Maintenance – Demographic

1. From the Secure page of the portal, click on the link for ‘Provider Maintenance – Demographic’

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Figure 5-2: Provider Maintenance - Demographic

2. Complete the fields necessary to identify your enrollment application. Validation fields are:
 - Contact email address (as provided in your original enrollment application)
 - Pay-To-Provider NPI
 - Tax Identification Type (select either SSN or FEIN used in original enrollment)
 - SSN or FEIN entered in your original enrollment

The screenshot shows a web application window titled "Maine Provider Enrollment". On the left is a navigation pane with a "Pay-To Provider(s)" link. The main content area is titled "Maintenance" and contains the following text:

Welcome to Maine Online Enrollment

Please review the User Guides for complete instructions.

For assistance with the enrollment process, contact a Provider Representative at 1.800.321.5557 Option 6.

Below the text are several input fields, each with a red asterisk indicating a required field:

- Email Address *
- Pay-To-NPI or Atypical Provider ID *
- Tax ID Type * (This is a dropdown menu currently showing "Please Select a Tax ID Type")
- FEIN *
- Retype FEIN *

At the bottom right of the form area is a "Start Maintenance" button. At the bottom right of the entire window is a "Cancel" button.

Figure 5-3: Validation Fields

5.1.2 Step 2 – Select Required Enrollment Section

The Business Information screen is displayed enabling demographic fields on this screen to be modified. Click Next to move to the next screen or you may select the screen requiring updates from the left navigation pane (see Navigation, section [2.2](#))

Guidance on field content may be found in the relevant Enrollment Guide posted to the portal at <https://mainecare.maine.gov>.

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Maine Provider Enrollment

Pay-To Provider(s)
NPI 1295915098

Business Information (Jockey Daniel) Enrolled As: Type 2 - Organization operating as a Group or Facility/Agency

Pay-To Provider ID: NPI - 1295915098 Enrollment Case #: 929400005 Status: ENROLLED ☒ Edit this Screen

Tax ID Type
Your FEIN is displayed but cannot be changed. You may add your SSN to this application if you wish.

FEIN 111111111 SSN Retype SSN

Name
The name shown, Jockey Daniel, was either extracted from our records or the CMS NPI Registry. This name must match the name on your W-9.

☐ Please check if you need to update the name

* You must supply Organization Name. You may supply Last Name and First Name.

Organization Name Jockey Daniel

Or
Last Name
First Name

Office Contact

Contact Name * David Tessy

Title

Email * ramnagu@gmail.com

Retype Email * ramnagu@gmail.com

An email will be sent to this address containing your Enrollment Case Number. You will be asked for this case number as a security check, when updating or modifying your Enrollment Application.

Pay To

Primary Phone * 6665558888

Secondary Phone

Emergency Phone

Mobile Phone

Fax 6665558887

Next Save and Close Delete

Figure 5-4: Business Information Screen

5.1.3 Step 3- Navigate through Screens to Update Demographic Data

Note: Fields cannot be modified under Provider Maintenance – Demographic if grayed out.

You may navigate through the screens by using the navigation buttons on lower right, or you may select the screen requiring updates from the left navigation pane (see Navigation, section 2.2). Make any changes as necessary.

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Maine Provider Enrollment Increase Text Size

Pay-To Provider(s)

- NPI 1295915098
 - Address Information
 - Ownership/Board
 - Owner Relationships
 - Owner Business Queue
 - Legal Information
 - Service Location(s)
 - GAT-GRP
 - Rendering Provider(s)
 - Additional Terms
 - Documentation
 - Signature and Submission
 - Summary

Service Location (Jockey Daniel / GAT-GRP)

Physical Address

Set same as Pay-To W9 Address

Address 1 * 30 Dexter Dr

Address 2

ZIP/Postal Code * 04930

City * DEXTER

County * PENOBSCOT

State/Province * Maine

Country * United States

Phone * 8877766666

Fax

Mailing Address

Set same as Pay-To W9 Address

Address 1 * 29 Detroit St

Address 2

ZIP/Postal Code * 04929

City * DETROIT

County * SOMERSET

State/Province * Maine

Country * United States

The following information is requested for the Provider Directory. If you are a PCCM provider, this information is mandatory.

Current Medicaid IDs for This Service Location

Medicaid ID

Additional Languages Spoken

- ☐ ACHOLI
- ☐ AFRIKAANS
- ☒ ALBANIAN

Office Hours

Day of Week	Closed?	Open From Time - To Time HH:MM followed by AM or PM
Monday	<input checked="" type="checkbox"/> Closed	-
Tuesday	<input checked="" type="checkbox"/> Closed	-
Wednesday	<input type="checkbox"/> Closed	5:00AM - 7:00PM

Handicap Accessible? Yes ☐ No ☐

Accepting New Patients? Yes ☒ No ☐

Patient Age Mini: 0 Max: 112 Years

Gender Restriction: None ☒

Female Only ☐

Male Only ☐

Figure 5-5: Sample Service Location update screen

Rendering provider demographic information can be updated through the main Rendering Provider screen. Although the first and last name of the rendering provider can be changed, the rendering provider NPI cannot be changed.

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Maine Provider Enrollment

Rendering Provider: Jockey Daniel / NPI - 1326163387

Pay-To Provider ID: NPI - 1295915098 Enrollment Case #: 929488805 Status: ENROLLED Edit this Screen

First Name * Dave
Last Name * Sykes
Address 1 * 75 Martin Ave
Address 2
ZIP/Postal Code * 33475
City * HOBE SOUND
County * MARTIN
State * Florida
Country * United States

NPI 1326163387
Medicaid ID
Email
Gender * Male
Phone * 8884443333
Fax
Emergency Phone
Status ENROLLED

Next Previous Save and Close Delete

Figure 5-6: Sample Rendering Provider Demographic Update

5.1.4 Step 4 - Signature and Submission

The Signature and Submission screens must be completed. The enrollment modification must be electronically signed again by entering Provider Name, Signatory Name, Signatory SSN (or FEIN) and current date (must be today's date). The Documentation screen is displayed for information purposes only (see Figure Figure 5-8: Required Documentation (displayed for info only).

Once the maintenance application is submitted, demographic data is immediately updated in Health PAS Administrator and, if applicable, the updated data is displayed in the Provider Directory.

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Maine Provider Enrollment Increase Text Size

Pay-To Provider(s) **NPI 1295915098**

- Address Information
- Ownership/Board
 - Owner Relationships
 - Owner Business Que
 - Legal Information
- Service Location(s)
 - GAT-GRP
 - Provider Type & S
 - Programs
 - Facility Informatic
 - PCCM Information
- Rendering Provider(s)
 - NPI 1326163387
 - Provider Type & S
 - Programs
 - PCCM Information
 - Affiliations
 - Additional Terms
 - Documentation
 - Signature and Submissi
 - Summary

Signature and Submission **Jockey Daniel** Enumerated As: Type 2 - Organization operating as a Group or Facility/Agency

Pay-To Provider ID: NPI - 1295915098 Enrollment Case #: 929488805 Status: ENROLLED

I certify that the information contained herein is true, correct and complete.
If I become aware that any information in this form is not true, correct or complete,
I agree to notify the Medicaid Provider Enrollment Unit of this fact immediately.
I authorize the Medicaid Provider Enrollment Unit to verify the information contained herein.
I understand that a change in the incorporation of my organization or my status as an individual or group biller may require a new application.

Provider Application Electronic Signature

Provider Name *

Signatory Name *

Signatory SSN *

Date *

Figure 5-7: Electronic Signature Page

Maine Provider Enrollment Increase Text Size

Pay-To Provider(s) **NPI 1295915098**

- Address Information
- Ownership/Board
 - Owner Relationships
 - Owner Business Que
 - Legal Information
- Service Location(s)
 - GAT-GRP
 - Provider Type & S
 - Programs
 - Facility Informatic
 - PCCM Information
- Rendering Provider(s)
 - NPI 1326163387
 - Provider Type & S
 - Programs
 - PCCM Information
 - Affiliations
 - Additional Terms
 - Documentation
 - Signature and Submissi
 - Summary

Signature and Submission **Jockey Daniel** Enumerated As: Type 2 - Organization operating as a Group or Facility/Agency

Pay-To Provider ID: NPI - 1295915098 Enrollment Case #: 929488805 Status: SUBMITTED

Thank you for your Medicaid Provider Enrollment application.

You will be advised when the application has been approved. You can view the status of your application by returning to this web site at <https://192.60.46.133/Default.aspx>, using your user ID and password.

Required Documentation

The list of documents shown below include a checklist coversheet that you will need to print out and include in all mailings. Additionally, there are links to documents requiring your signature and documents that you have not already uploaded to us. You will need to download, print, sign and then mail all of these, along with the coversheet, to us.

* Indicates Required Documents		
Document Name	Download for Submission	Submitted/ Signed Documents
* Cover Sheet	<input type="button" value="Download"/>	<input type="button" value="View"/>
* Disclosure of Ownership and Control Interest	<input type="button" value="Download"/>	<input type="button" value="View"/>
* Medicaid Provider Agreement	<input type="button" value="Download"/>	<input type="button" value="View"/>

Figure 5-8: Required Documentation (displayed for info only)

5.2 Provider Maintenance – Full

Providers, with appropriate security, will be able to view their provider data and submit changes. All changes in Provider Maintenance – Full, such as adding a new service location or rendering provider, will be submitted online by the provider and validated by DHHS staff.

Provider Maintenance - Full must be used for changes like:

- Add or remove an Owner or Board Member or change response about Owner/Board Member
- Add or remove a Service Location or Rendering Provider
- Add or delete a Service Location or Rendering Provider specialty
- Update license or certification information

A Provider Maintenance – Full application cannot be started while a previous submission is waiting to be approved or denied.

5.2.1 Step 1 – Business Information Screens

From the Provider page of the portal, click ‘Provider Maintenance – Full’ link (see Figure 5-9: Provider Maintenance - Full option.)



Figure 5-9: Provider Maintenance - Full option

Complete the fields necessary to identify your enrollment application. Validation fields are:

- Contact email address (as provided in your original enrollment application)
- Pay-To-Provider NPI
- Tax ID Type (either SSN or FEIN)
- SSN or FEIN

The screenshot displays the 'Maine Provider Enrollment' application window. The title bar includes 'Maine Provider Enrollment' and an 'Increase Text Size' button. The main content area is titled 'Maintenance' and contains the following text: 'Welcome to Maine Online Enrollment', 'Please review the User Guides for complete instructions.', and 'For assistance with the enrollment process, contact a Provider Representative at 1.800.321.5557 Option 6.' Below this text are several input fields, each marked with a red asterisk to indicate required fields: 'Email Address', 'Pay-To-NPI or Atypical Provider ID', 'Tax ID Type' (a dropdown menu currently showing 'Please Select a Tax ID Type'), 'FEIN', and 'Retype FEIN'. A 'Start Maintenance' button is located below the 'FEIN' and 'Retype FEIN' fields. On the left side of the window, there is a vertical list of icons, with the first one labeled 'Pay-To Provider(s)'. A 'Cancel' button is located in the bottom right corner of the window.

Figure 5-10: Validation Fields.

The Provider Maintenance – Full application produces a full set of provider enrollment screens with all fields pre-populated with your current provider enrollment data.

During Provider Maintenance – Full, demographic data is grayed-out and -non modifiable. These fields are updated under the Provider Maintenance – Demographic functionality (see section [5.1: Provider Maintenance – Demographic](#)).

A new case number is assigned to each new instance of Provider Maintenance – Full. The Enrollment Case # field shows the application's case number. You may need this number later to perform such actions as continuing or modifying your maintenance application. (See Fig Figure 5-11: Edit the Screen check box). An email containing your new Provider Maintenance Case #, will be sent to the Contact Email Address.

To change data on the screen, the you must check the box 'Edit this Screen' (see Fig Figure 5-11: Edit the Screen check box)

Screens displayed during Provider Maintenance are the same screens completed during Provider Enrollment/Re-enrollment. If you have questions about the data to be entered in these screens, refer to the Provider Enrollment Guide for detailed instructions.

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Business Information (New Hope Physician Home Care services Inc. Enumerated As: Type 2 - Organization operating as a Group or Facility/Agency)

Pay-To Provider ID: NPI - 1871691345 Enrollment Case #: 929500018 Status: NEW ☒ Edit this Screen

Tax ID Type

Your SSN is displayed but cannot be changed. You may add your FEIN to this application if you wish.

FEIN 666666666 Retype FEIN 666666666 SSN 888888888

Name

The name shown, New Hope Physician Home Care services Inc., was either extracted from our records or the CMS NPI Registry. This name must match the name on your W-9.

☒ Please check if you need to update the name

Note: If not already done so, please update the CMS NPI Registry

You must supply Organization Name. You may supply Last Name and First Name.

Organization Name ysician Home Care services Inc._Maintenance_Ram

Or

Last Name Canyon_Full

First Name Grand_Maintenance

Figure 5-11: Edit the Screen check box, Enrollment Case Number

Data elements on the Pay-to/W-9 screen are displayed below. You must ensure that all data values you furnish here **exactly match** information you have furnished to IRS.

Using the left navigation pane, you can jump to specific enrollment pages.

Maine Provider Enrollment

Pay-To Provider(s) NPI 1871691345

Address Information (New Hope Physician Home Care services Inc._Maintenance_Ram Enumerated As: Type 2 - Organization operating as a Group or Facility/Agency)

Pay-To Provider ID: NPI - 1871691345 Enrollment Case #: 929500018 Status: NEW

Pay-To / W-9 Information
(Must match W-9 form)

Pay-To / W-9 Name Ram Nagu New Hope Phys

W-9 Business Name Ram Nagu New Hope Phys

Address 1 89 Suffolk Dr

Address 2

ZIP/Postal Code 11789

City SOUND BEACH

County SUFFOLK

State/Province New York

Country United States

Type of Tax Entity Limited Liability Corporation

Exempt Payee? ☒ Yes ☐ No

Next Previous Save and Close

Figure 5-12: W-9 Info Screen (non-modifiable)

5.2.2 Step 2 – Ownership Screens:

You can edit an existing Owner/Board Member by clicking on existing record in the Owner/Board Member list. Data for that Owner/Board Member will populate the data fields which can be modified and saved. New owners or board members can be added and existing owners/board members can be deleted.

Note: Once a new owner/board member record is started, all related fields must be completed before moving to other screens. For detailed screen information, see the appropriate [Provider Enrollment User Guide](#) on the portal.

Ownership/Board (New Hope Physician Home Care services Inc._Maintenance_Ram Enumerated As: Type 2 - Organization operating as a Group or Fac
Pay-To Provider ID: NPI - 1871691345 Enrollment Case #: 929500018 Status: NEW ☒ Edit this Screen

Owners / Board Members

In accordance with Form CMS1513 - Ownership and Control Interest Statement, list the names of all individuals and organizations having direct or indirect ownership interest, or controlling interest separately or in combination amounting to an ownership interest of 5 percent or more in the disclosing entity.

At least one Owner/Board member record is required.

First Name	Last Name	Address
Maine	Steve	34 Miami Ave MIAMI, FL 33234

Type ☒ Owner ☒ Board Member ☐

First Name * Maine Last Name * Steve

FEIN / SSN

Begin Date (MM/DD/YYYY) * 10/10/2005 Term Date (MM/DD/YYYY) 11/10/2009

Address 1 * 34 Miami Ave Address 2

ZIP/Postal Code * 33234 City * MIAMI

County * MIAMI-DADE State Or Province * Florida

Country * United States

Has this person ever been sanctioned, excluded or convicted of a criminal offense related to Medicare, Medicaid, or any federal agency or program (42 CFR 455)? ☒ Yes ☐ No

Save Owner/Board Member Cancel Edit Delete

Click on name - info populates into editable fields below

Figure 5-13: Ownership Info

5.2.3 Step 3 – Service Location Screens:

New Service Locations can be added from the Service Location summary screen. A three-digit Service Location number will automatically be added. Existing Service Locations can be terminated from the same Service Location summary screen.

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Site Name	Service Location #
NPHC-SL1	1871691345-001
NPHC-SL2	1871691345-002
RAMNPHC-SL3	1871691345-003

Click Add or highlight location and click Edit

Click this button to clear the fields and cancel the addition of the information to the table.

Figure 5-14: Service Location Summary screen

Data related to existing Service Locations can be modified by opening the appropriate Service Location folder (from the left navigation pane) and modifying the required field on the Service Location main screen, Service Location provider type and specialty screen or Service Location program screens.

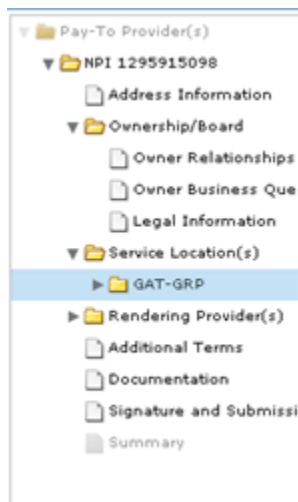


Figure 5-15: Service location folder (sample) on navigation pane

The Specialty cannot be modified for an existing enrollment but an existing Specialty can be terminated and one or more Specialties can be added to the existing Service Location record. Depending on the additional Specialties added, additional questions, licensing and certification information may display. Each Specialty is associated with start and end dates.

While this should be rare, a Provider Type may be terminated after associated Specialties are individually terminated using end dates.

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Pay-To Provider ID: NPI - 1871691345 Enrollment Case #: 929500018 Status: NEW

Specialties

To edit a specialty, select it (single click) from the list below.

Provider Type	Specialty	Begin Date (MM/DD/YYYY)	Term Date (MM/DD/YYYY)
Advanced Practice Registered Nursing Group	Derived from Rendering Specialty	10/10/2005	

Provider Type: Advanced Practice Registered Nursing Group Begin Date: 10/10/2005 Term Date: Level

Specialty: Derived from Rendering Specialties

Questions: Do you provide laboratory services in your office/facility? Yes No

CLIA #: CLIA1023RAMSL2 09/10/2009 11/30/2009 Level 1

Medicare Cert #: MED-CERT1020RAMSL2 10/10/2005 11/30/2009

Buttons: Save This Specialty, Cancel Edit, Terminate

Figure 5-16: Provider Type and Specialty screen

Service Locations can be terminated from the Service Location summary screen.

To terminate a Service location:

1. Highlight the required Service Location record and click the Terminate button.

Service Locations(s) (New Hope Physician Home Care services Inc., Maintenance_Ram Enumerated As: Type 2 - Organization operating as a Group or Facility/Agency)

Pay-To Provider ID: NPI - 1871691345 Enrollment Case #: 929500018 Status: NEW

Site Name	Service Location #
NPHC-SL1	1871691345-001
NPHC-SL2	1871691345-002
RAMNPHC-SL3	1871691345-003

Buttons: Add, Edit, Terminate

Callout: Highlight location, click to terminate

Figure 5-17: Terminate Service Location

2. Terminating an existing Service Location displays a confirmation screen for you to accept prior to record termination.

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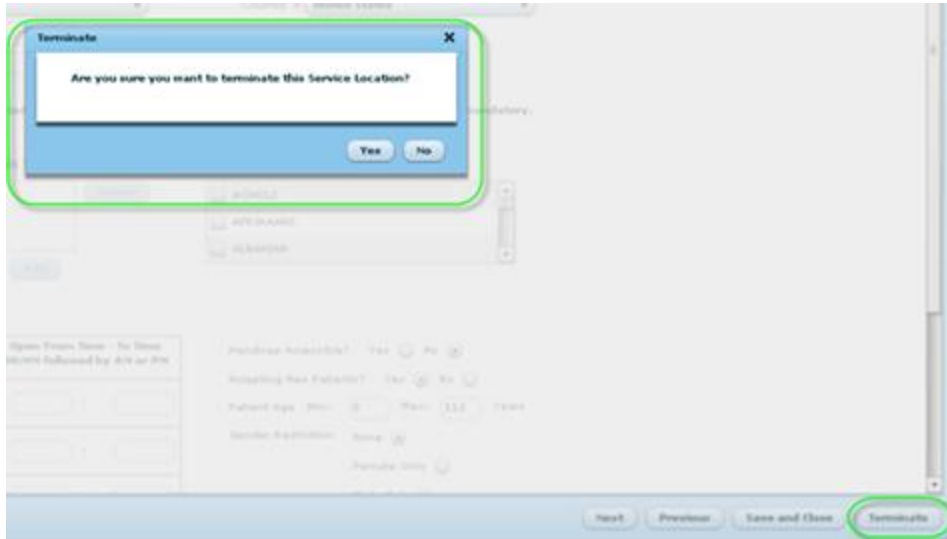


Figure 5-18: Termination confirmation

3. Once a service location termination has been confirmed, the termination date is required.

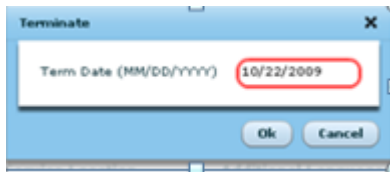


Figure 5-19: Service Location Term date

5.2.4 Step 4 – Rendering Provider Screens:

Rendering Provider Type & Specialty (New Hope Physician Home Care services Inc., Maintenance_Ram / NPI - 1184722506)

Pay-To Provider ID: NPI - 1871691345 Enrollment Case #: 929500018 Status: NEW ☒ Edit this Screen

Specialties
To edit a specialty, select it (single click) from the list below.

Provider Type	Specialty	Begin Date (MM/DD/YYYY)	Term Date (MM/DD/YYYY)
Occupational Therapist	OCCUPATIONAL THERAPY	10/10/2005	

Provider Type: Occupational Therapist Begin Date: 10/10/2005 Term Date: 11/30/2009 Level:

Specialty: OCCUPATIONAL THERAPY

License Type: **Massachusetts Board of Registration in Medicine**

License #: MBRM1023RAMRP1 Begin Date: 10/10/2009 Term Date: 11/30/2009

Education:

Medicare Cert #: MEDCERT1020RAMRP1 Begin Date: 10/10/2005 Term Date: 11/30/2009

Buttons: Save This Specialty, Cancel Edit, Terminate

Bottom Buttons: Next, Previous, Save and Close

Figure 5-20: Rendering Provider Screen

If your practice terminates the services of a Rendering Provider, the Rendering Provider is not terminated with MaineCare, but their affiliation to your practice is terminated. Terminating a Rendering Provider's Affiliation to a Pay-To-Provider is done by entering a Term Date on the Provider Type/Specialty screen.

Note: To update a Specialty for a Rendering Provider, you must terminate and end-date the original Specialty and open up the new Specialty.

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Maine Provider Enrollment

Pay-To Provider(s)

- NPI 1871691345
 - Address Information
 - Ownership/Board
 - Owner Relationship
 - Owner Business Q
 - Legal Information
 - Service Location(s)
 - NPHC-SL1
 - Provider Type
 - Programs
 - Facility Informa
 - PCCM Informa
 - NPHC-SL2
 - Provider Type
 - Programs
 - Facility Informa
 - PCCM Informa
 - RAMNPHC-SL3
 - Provider Type
 - Programs
 - Facility Informa
 - PCCM Informa
 - Rendering Provider(s)
 - NPI 1184722506
 - Provider Type
 - Programs
 - PCCM Informa
 - Affiliations
 - NPI 1437257854
 - Provider Type
 - Programs
 - PCCM Informa
 - Affiliations
 - NPI 1164520581
 - Provider Type
 - Programs

Affiliations (New Hope Physician Home Care services Inc., Maintenance_Ram / NPI - 1184722506)

Pay-To Provider ID: NPI - 1871691345 Enrollment Case #: 929588818 Status: NEW ☒ Edit this Screen

Although this screen displays all Service Locations, some might not require the affiliation of Rendering Providers or be compatible with this Rendering Provider. This requirement depends on the Service Location's provider type and specialty.

Site Name	Affiliated?	Begin Date (MM/DD/YYYY)	Term Date (MM/DD/YYYY)
* NPHC-SL1	<input checked="" type="checkbox"/>	* 10/10/2005	10/20/2009
* NPHC-SL2	<input checked="" type="checkbox"/>	* 10/10/2005	10/20/2009
* RAMNPHC-SL3	<input type="checkbox"/>		

Next Previous Save and Close

Figure 5-21: Provider Affiliations

Depending on the changes made during the Provider Maintenance session, you may be required to attest to additional MaineCare agreement clauses. These will be displayed in the Attestation Screen

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Provider Maintenance User Guide

Maine Provider Enrollment

Pay-To Provider(s)
NPI 1071691345
Address Information
Ownership/Board
Owner Relationship
Owner Business Q
Legal Information
Service Location(s)
NPHC-SL1
Provider Type
Programs
Facility Informa
PCCM Informa
NPHC-SL2
Provider Type
Programs
Facility Informa
PCCM Informa
RAMNPHC-SL3
Provider Type
Programs
Facility Informa
PCCM Informa
Rendering Provider(s)
NPI 1184722506
Provider Type
Programs
PCCM Informa
Affiliations
NPI 1437257854
Provider Type
Programs
PCCM Informa
Affiliations
NPI 1164520581
Provider Type
Programs

Additional Terms (New Hope Physician Home Care services Inc., Maintenance_Ram Enumerated As: Type 2 - Organization operating as a Group or Facility / Agency)

Pay-To Provider ID: NPI - 1071691345 Enrollment Case #: 929500018 Status: NEW Edit this Screen

Ch. I - General Administrative Policies and Procedures (Click to Read)
Attest -- I attest that I have read and agree to abide by the terms and conditions of the linked document(s).

Ch. II - Section 68: Occupational Therapy Services (Click to Read)
Attest -- I attest that I have read and agree to abide by the terms and conditions of the linked document(s).

Ch. II - Section 14: Advanced Practice Registered Nursing Services (Click to Read)
Attest -- I attest that I have read and agree to abide by the terms and conditions of the linked document(s).

Next Previous Save and Close

Figure 5-22: Attestations

5.2.5 Step 5 - Signature and Submission screens

The Signature and Submission screens must be completed. The enrollment modification must be electronically signed by entering Provider Name, Signatory Name, Signatory SSN (or FEIN) and current date (must be today's date).

The Documentation screen is displayed for information purposes only (see Figure Figure 5-23: Required Documentation (displayed for info only)).

At this time, the MIHMS Re-enrollment Portal asks providers to confirm their electronic signature using their Social Security Number (SSN) as a unique identifier. As of today, providers who have re-enrolled using a Federal Employer Identification Number (FEIN) have the option of using that FEIN instead of the SSN, even though the field label on the web page itself still reads "Signature SSN." This will soon be changed to say "Signature SSN or FEIN."

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Provider Maintenance User Guide

Maine Provider Enrollment

Pay-To Provider(s)
▼ NPI 1871691345
Address Information
Ownership/Board
Owner Relationship
Owner Business Q
Legal Information
Service Location(s)
▼ NPHC-SL1
Provider Type
Programs
Facility Informa
PCCM Informa
▼ NPHC-SL2
Provider Type
Programs
Facility Informa
PCCM Informa
▼ RAMNPHC-SL3
Provider Type
Programs
Facility Informa
PCCM Informa
Rendering Provider(s)
▼ NPI 1184722506
Provider Type
Programs
PCCM Informa
Affiliations
▼ NPI 1437257854
Provider Type
Programs
PCCM Informa
Affiliations
▼ NPI 1164520581
Provider Type
Programs

Documentation (New Hope Physician Home Care services Inc., Maintenance_Ram Enumerated As: Type 2 - Organization operating as a Group or Facility / Agency)

Pay-To Provider ID: NPI - 1871691345 Enrollment Case #: 929588018 Status: NEW ☒ Edit this Screen

The following documents are required as part of your Provider Enrollment application.
Images of documents can be uploaded with your electronic application.
However, documents that are marked with an 'X' in the Document Mail-In column are required to be printed, signed by the applicant, and mailed to:

MaineCare Provider Enrollment
P.O. Box 1024
Augusta, ME 04332-1024

Also Note: You must mail in a copy of ALL Certificates and any License type entered as 'Other' or 'Multiple'.
Include these documents with your Cover Sheet and Provider Agreement.

* Indicates Required Documents				
Document Name	Download for Submission	Method of Submission	Upload	Submitted / Signed Documents
* Disclosure of Ownership and Control Interest	Download	<input type="radio"/> Upload <input type="radio"/> Mail In <input checked="" type="radio"/> Sign Electronically	Upload	Review Before Signing
* Medicaid Provider Agreement	Download	<input type="radio"/> Upload <input type="radio"/> Mail In <input type="radio"/> Sign Electronically	Upload	View

Next Previous Save and Close

Figure 5-23: Required Documentation (displayed for info only)